

**INSPECTION CHECK LIST FOR DECENT, SAFE AND SANITARY HOUSING**

Relocatee Name \_\_\_\_\_ Project \_\_\_\_\_

Address Inspected \_\_\_\_\_ Parcel \_\_\_\_\_ Code \_\_\_\_\_

**Persons who plan to occupy this property:** Adults: ( ) Male ( ) Female

Children: ( ) Male, ages \_\_\_\_\_ ( ) Female, ages \_\_\_\_\_

Total Occupants \_\_\_\_\_ **Type Residence** \_\_\_\_\_

# of Rooms \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ . Total (gross) sq. ft. \_\_\_\_\_

**Kitchen area contains:**

- a. sink in good working condition
- b. sink connected to hot / cold water
- c. sewage connections
- d. utility service connections
- e. space for installing appliances
- f. adequate potable water

YES	NO

Structurally Sound and Weathertight

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**Bathrooms contain:**

- a. well lighted
- b. ventilated
- c. tub or shower
- d. lavatory
- e. hot & cold water
- f. flush water closet
- g. sewage connections
- h. affords privacy

YES	NO

State of Repair: **ACCEPTABLE UNACCEPTABLE** Adequate and Safe Wiring System **YES NO**Adequate Heating System: **YES NO** For handicapped displacees, free of barriers which wouldpreclude reasonable ingress, egress, or use of the dwelling: **YES NO N/A**Safe, unobstructed egress in compliance with existing regulations: **YES NO**Meets State and Local Housing and Occupancy Codes: **YES NO**

I have inspected this dwelling and to the best of my knowledge, it **MEETS FAILS** the requirements for decent, safe and sanitary housing in accordance with applicable State and federal relocation regulations. **NOTE:** A decent, safe and sanitary inspection of a replacement dwelling is for the **sole purpose of determining the eligibility** for a relocation payment. **DO NOT** interpret the inspection as an assurance or guarantee that there are no deficiencies in the dwelling or in its fixtures and equipment, which may be discovered at a later date. INDOT assumes no responsibility or blame if structural, mechanical, legal or other unforeseen problems are discovered later.

\_\_\_\_\_  
Date\_\_\_\_\_  
Relocation Specialist\_\_\_\_\_  
Date\_\_\_\_\_  
Relocatee

List of deficiencies: \_\_\_\_\_

Deficiencies are correctable: **YES NO** Date deficiencies were corrected : \_\_\_\_\_\_\_\_\_\_  
Relocatee\_\_\_\_\_  
Relocation Specialist